



Congregate Settings Program

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Congregate Settings Coordinator

Presentation Objectives

- Provide an overview of DSHS Congregate Settings Activities
- Share resources and contact information with local health department and health service regions

Program Overview

Congregate Settings Program Areas

- Institutional Corrections
- Community Corrections
- Target Testing
- Interferon-Gamma Release Assays (IGRAs)
funding and reports
 - Phlebotomy trainings
- TX Public Health Information Network (TX PHIN) technical support

Congregate Settings Definition

Congregate setting— a setting in which a group of persons reside, meet, or gather either for a limited or extended period of time in close physical proximity. Examples include prisons, nursing homes, schools, and homeless shelters ¹.

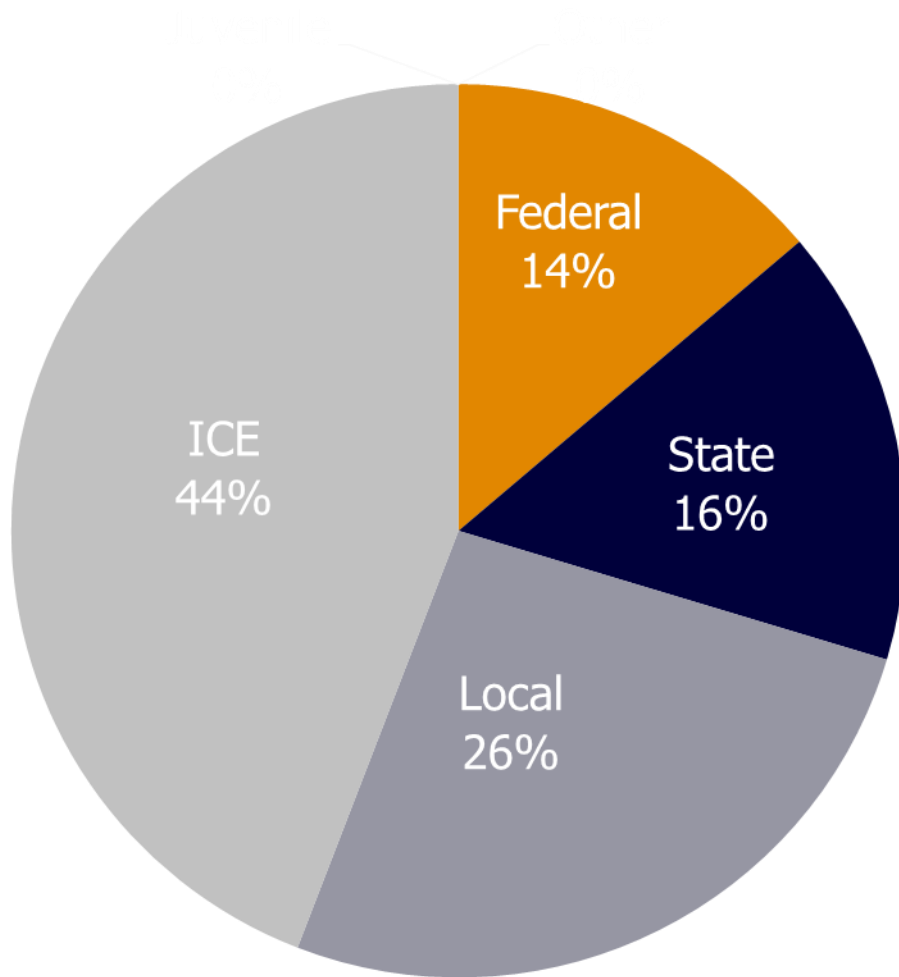
Congregate Settings Program Areas

Institutional Corrections	Community Corrections	Other High Risk Settings *Targeted Testing
<p>Correctional settings for offenders confined in secure facilities</p> <p>Includes jails and prisons</p>	<p>Special settings that exclude jails and prisons for offenders under court order while they complete their community supervision</p> <p>Includes restitution centers, court ordered residential treatment centers, substance abuse treatment facilities, custody facility or boot camp, facilities for offender with a mental impairment, juvenile detention center.</p>	<p>Congregate settings at high or medium risk for TB</p> <p>Includes homeless shelters, Opioid treatment centers, mental health and substance abuse programs, work camps and others</p>

TB in Correctional and Detention Facilities

- Texas has the highest incarceration rate in the nation
 - Of 1,269 TB cases reported in 2014, 145 (12%) of all cases were diagnosed in correctional facilities
- The risk of TB in jails and prisons is 4-5 times greater than for the general population
- Rates of TB treatment completion are lower among active TB cases diagnosed in correctional facilities than among non-incarcerated populations (73% vs. 86%)
 - only 50% of foreign born inmates complete treatment
- Outbreaks continue to occur in correctional settings posing a risk for widespread TB transmission

TB Cases by Type of Correctional Facility



Facility Type	2014	
Federal	20	14%
State	23	16%
Local	38	26%
ICE	64	44%
Juvenile	0	0%
Other	0	0%
Total	145	100%

Chapter 89: Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities

Subchapter A: General Provisions

- Scope of the Texas Department of State Health Services Corrections TB Control Program
 - This chapter applies only to correctional facilities that:
 - have a capacity of at least 100 beds
 - House inmates transferred from:
 - a county that has a jail that has a capacity of at least 100 beds
 - Another state

**TDCJ facilities are outside the scope of Chapter 89*

Chapter 97: Communicable Diseases

- Subchapter H: Tuberculosis for Jails and other Correctional Facilities
 - TB screening
 - Treatment
 - Reporting
 - Record keeping
 - Resource allocation
 - Continuity of Care

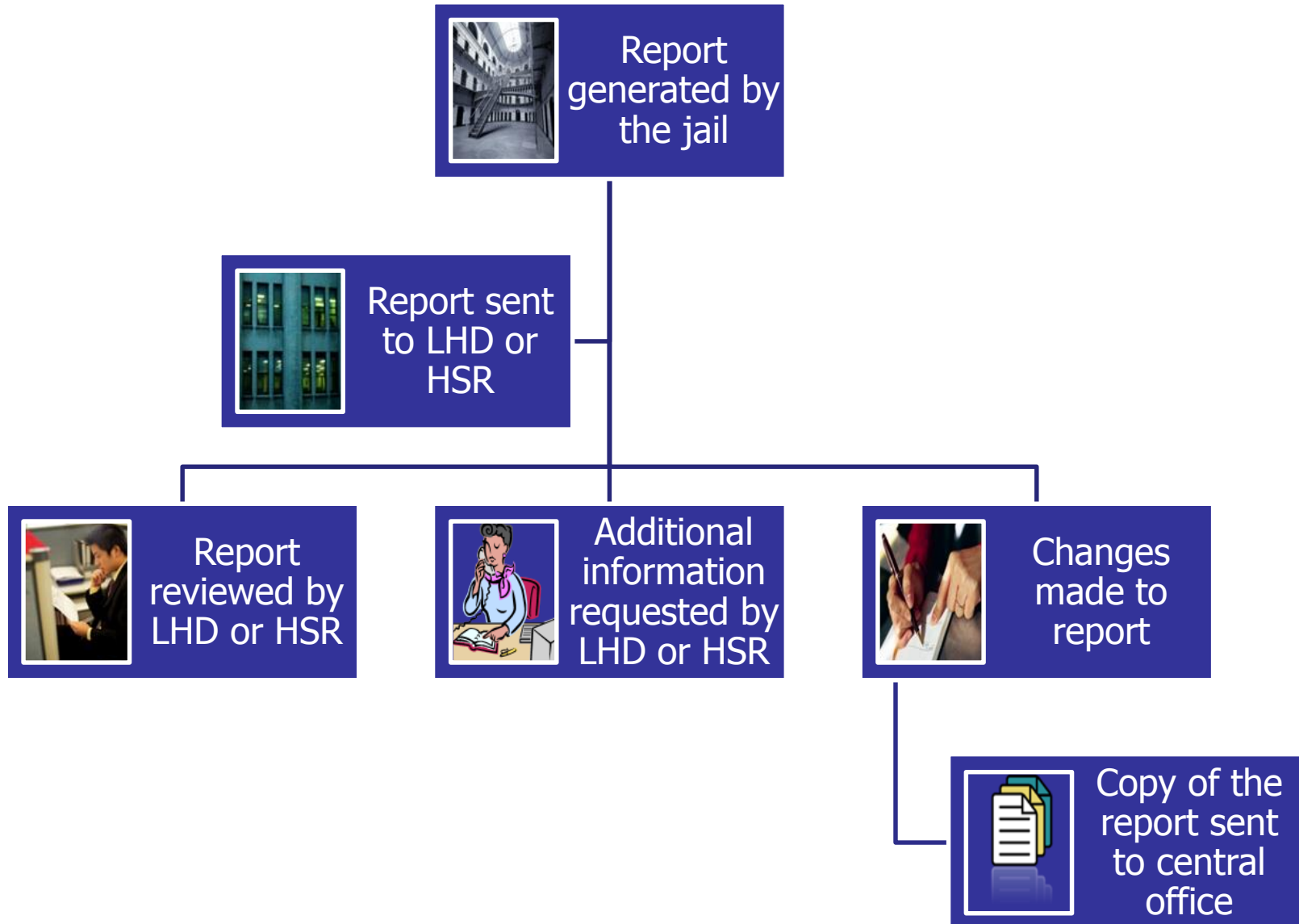
Chapter 97: Communicable Diseases

Subchapter H: Tuberculosis Screening in Jail and Other Correctional Facilities

Rule 97.178: Reporting

Reports Required	Reporting Timeline	DSHS Reporting Form
TB cases and suspects	One working day	TB-400A & B Positive Reactors/Suspects/Cases (EF-12-11461)
Latent TB infection	One week	Same as above
Aggregate number of positive tests, total tests administered, total tests read	Monthly	Monthly Correctional TB Report (EF12-11462)

Reporting: Monthly Correctional TB Report



Corrections Reports: Quarterly Reports for

TB and Refugee Health Services Branch Quarterly Correctional TB Screening Activity Report for 2014 1st Quarter - January to March

Fort Bend County HD, Region 06

Report Month	TST Admin Inmate	TST Admin Emp	TST Read Inmate	TST Read Emp	TST (+) Inmate	TST (+) Emp	Prior (+) Inmate	Prior (+) Emp	CXR Inmate	CXR Emp	Conversions Inmate	Conversions Emp	Suspects Inmate	Suspects Emp	Cases Inmate	Cases Emp
Fort Bend Co Sheriff's Office																
January	3	0	3	0	0	0	54	0	54	0	0	0	0	0	0	0
February	0	0	0	0	0	0	52	0	52	0	0	0	0	0	0	0
March	254	0	142	0	0	0	83	0	83	0	0	0	0	0	0	0

Corrections Reports: Annual TB Screening Report for Jail Administrators

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[I-G](#)
[I-L](#)
[I-Q](#)
[I-S](#)
[I-Z](#)
[DCU Health Topics](#)
[Disease Reporting](#)
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Fax: 512-533-3167

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[Home](#) > [TB-HIV-STD and Viral Hepatitis Unit](#) > Annual Tuberculosis Screening Report for Jail Administrators

Annual Tuberculosis Screening Report for Jail Administrators

[Correctional TB](#)


Jails: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

[Jail Screening Report Letter](#) (36 KB)

[Glossary of Terms](#) (98 KB)

Jail Names

(File format: PDF, Size: 832 KB)

A

[Anderson County Jail](#)

[Angelina County Jail](#)

[Aransas County Detention Center](#)

[Atascosa County Jail](#)

B

[Bailey County Sheriff's Office](#)

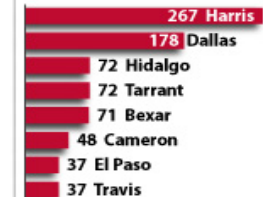
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TB Cases in Selected Counties 2012



Total Texas TB Cases = 1,233

**Mycobacterium tuberculosis complex,
TB, M. tuberculosis**

**ICD-9 010-018
ICD-10 A15-A19**

Annual TB Screening Report



Annual Tuberculosis Screening Report Dallas County Jail 2012

Tuberculosis Services Branch Correctional Tuberculosis Program



In 2012, a total of 9,951 new tuberculosis (TB) cases were reported in the United States. This represents an incidence rate of 3.2 cases per 100,000 population, which is 6.1% lower than the rate in 2011 which was 3.4 cases per 100,000 population. This is the lowest rate recorded since national reporting began in 1953.

As in 2011, four states (California, Florida, New York, and Texas) continued to report more than 500 cases each in 2012. Combined, these four states accounted for 4,967 TB cases or approximately half (49.9%) of all TB cases reported in 2012.

Texas reported a total of 1,233 TB cases in 2012; 154 (12.5%) of those were diagnosed in a correctional facility.*

Table 1: Diagnosed Cases of Tuberculosis in Correctional Facilities in Texas for years 2011-2012

FACILITY TYPE	2011 (n)	%	2012 (n)	%
Federal Prison	14	8.7	21	13.6
State Prison	19	11.8	22	14.2
Local	49	30.6	38	24.6
ICE	45	28.1	39	25.3
Other Correctional	33	20.6	33	21.4
Juvenile			1	0.6
TOTAL	160		154	

Source: Texas DSHS Surveillance Unit
<http://www.dshs.gov/newsroom/pressroom/newsroom211a2>

*Provisional data may be subject to change.

Annual TB Screening Report

In 2012, 161 correctional facilities met the Texas Health & Safety Code Chapter 89 criteria and were required to report their TB screening activities in the form of a Monthly Correctional TB Report. This annual report highlights TB screening activities in your facility and compares results to all designated Texas Health & Safety Code Chapter 89 correctional facilities.

Table 2: TB Screening Results January 1- December 31, 2012


Dallas County Jail	Total at This Facility	% at This Facility	All Facilities (Chapter 89)*
INMATES			
Number of Skin Test Administered	60,853		537,658
Number of Skin Test Read	38,342	63.01%	402,583
Number of Positive Tuberculin Skin Test	2,192	5.72%	24,795
Number of Chest X-rays Performed	5,588		60,701
Number of Conversions	28		1,691
Number of TB Suspects Reported	7		188
Number of Active TB Cases Reported	2		58
EMPLOYEES			
Number of Skin Test Administered	1,620		22,465
Number of Skin Test Read	1,496	92.3%	21,603
Number of Positive Tuberculin Skin Test	11	0.74%	172
Number of Chest X-rays Performed	7		655
Number of Conversions	8		28
Number of TB Suspects Reported	0		1
Number of Active TB Cases Reported	0		1

*Total = 161 Jails

Source: Department of State Health Services 2012 Monthly Reporting Data

- In 2012, there were 60,853 tuberculin skin tests administered to inmates at the Dallas County Jail. Of that number, 2,192 (5.72%) had a measurement of 10 mm or greater. This represents 8.84% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.
- There were 1,620 tuberculin skin tests administered to employees. Of that number, 11 (0.74%) had a measurement of 10 mm or greater. This represents 6.40% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.
- There were 7 suspects and two cases reported in 2012 at the Dallas County Jail.
- A total of 12 (100%) Monthly Correctional TB Reports were submitted in 2012.

Correctional Tuberculosis Screening Plan

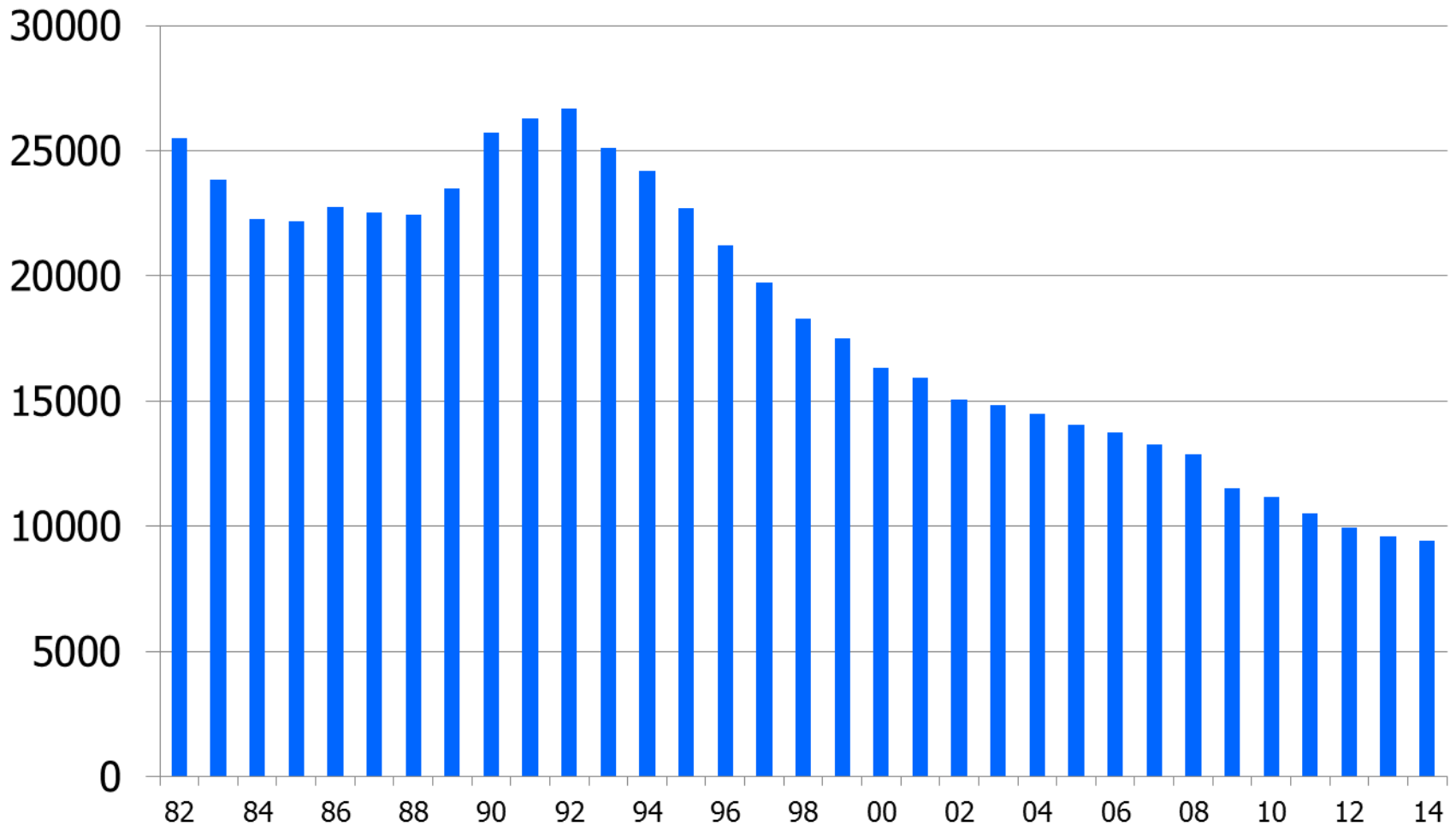
 CORRECTIONAL TUBERCULOSIS SCREENING PLAN		
<p>Type or print neatly in black ink. All sections of the plan must be filled out completely. Do not leave questions blank. Do not use correction fluid. Use of correction fluid will result in your plan being returned. The signed original plan must be mailed to the Texas Department of State Health Services (DSHS) Correctional TB Program. The plan can be downloaded from: http://www.texasdb.org/forms/#jail. If you need assistance filling out this plan, please call the Correctional TB Program at (512) 533-3000</p>		
A. GENERAL INFORMATION		
1. Name of Facility		2. Jail Administrator
3. Email Address	4. Phone Number:	5. Fax Number:
6. Physical Address: Street (List additional sites in Section F) City		State Zip
7. Mailing Address (If different from physical address above) Street / PO Box: City		State Zip
8. Name/ Job Title of Contact Person:		9. Email Address of Contact Person:
10. Phone Number:		
11. Facility Operated by: <input type="checkbox"/> County <input type="checkbox"/> Private <input type="checkbox"/> Other	12. Name of Agency/Company:	
13. Facility Accreditation/Certification: <input type="checkbox"/> ACA <input type="checkbox"/> NCHC <input type="checkbox"/> Joint Commission <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other		
14. Total Number of Employees:	15. TCJS Capacity:	16. Current Population:
B. FACILITY		
1. Which category of inmate is your facility authorized to hold? (Check all that apply)		
<input type="checkbox"/> Federal (select all that apply) <input type="checkbox"/> County (Please indicate those counties or states with which you have a contract. Attach a separate sheet if necessary) <input type="checkbox"/> Out-of-County <input type="checkbox"/> Out-of-State <input type="checkbox"/> ICE <input type="checkbox"/> BOP <input type="checkbox"/> USM		
2. Number of health care staff at the facility, by type of credentials (RN- 1, LVN-2, etc.)		3. Number of staff trained on TB symptom screening.
4. List the names and credentials of all staff authorized by your medical director to administer and read the TB skin test (attach a separate sheet if necessary).		
5. Name, physical address, and phone number of the medical director		6. Are chest x-rays** done at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, where are they done?
Name: _____ Credentials: _____		Name: _____
Street: _____ City: _____		Street: _____ City: _____
State: _____ Zip: _____ Phone: () _____		State: _____ Zip: _____ Phone: () _____
Note: Chest x-rays shall be done immediately if TB symptoms are present or within three days of a positive IGRA or skin test if person is asymptomatic.		
7. Who will interpret the x-rays? (name, physical address, and phone number)		8. In the event of a hurricane or other natural or man-made disaster, do you have a written evacuation plan on file?
Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street: _____ City: _____		Will you relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes name of new location
State: _____ Zip: _____ Phone: () _____		New location: _____
9. Name of the person (along with job title) responsible for TB control at the facility. This person may be responsible for generating monthly reports, maintaining supplies and medications, and making necessary referrals.		
Name: _____		Job title: _____
10. Who provides medical care for your inmates? Please attach a copy of the contract. <input type="checkbox"/> County <input type="checkbox"/> Private <input type="checkbox"/> Hospital Name(s) of provider(s): _____		11. Who supplies the TB testing material for your inmates? (PPD, Syringes) <input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Department <input type="checkbox"/> Other Name(s) of supplier(s): _____

Targeted Testing

Target testing is a key strategy to TB control

- The CDC *Guidelines for Essential Components of a TB Prevention Control Program* list the following priorities:
 - 1st priority: identify and treat persons with active TB
 - 2nd priority: finding and screening contacts
 - 3rd priority: Screening for TB disease and infection in high-risk populations
 - 4th priority: identify high risk congregate settings and equip them with infection control equipment and principles

Reported TB Cases United States, 1982-2014



Source: Centers for Disease Control and Prevention



Millions of people
in the U.S. have
latent TB infection.

Without treatment,
they are at risk for
developing
TB disease.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Learn more:
www.cdc.gov/tb

DSHS Guidelines: Congregate Settings Target Testing

DSHS supports IGRA testing in congregate settings for at-risk and/or vulnerable group that fall in the following categories:

- contacts of someone known or suspected to have active TB
- persons with medical risk factors known to increase the risk of disease if infection has occurred
- foreign born persons from countries having a high prevalence of TB
- persons with history of substance abuse
- residents and employees of places where TB is more common health care employees that provide TB services



PLEASE PRINT. Please complete this report for screening activities occurring among special populations in your jurisdiction. The report is due no later than the 2nd Friday each month for testing done the previous month. Submit your report to the Congregate Settings Program via the Texas Public Health Information Network (PHIN) or fax it to (512) 533-3167.

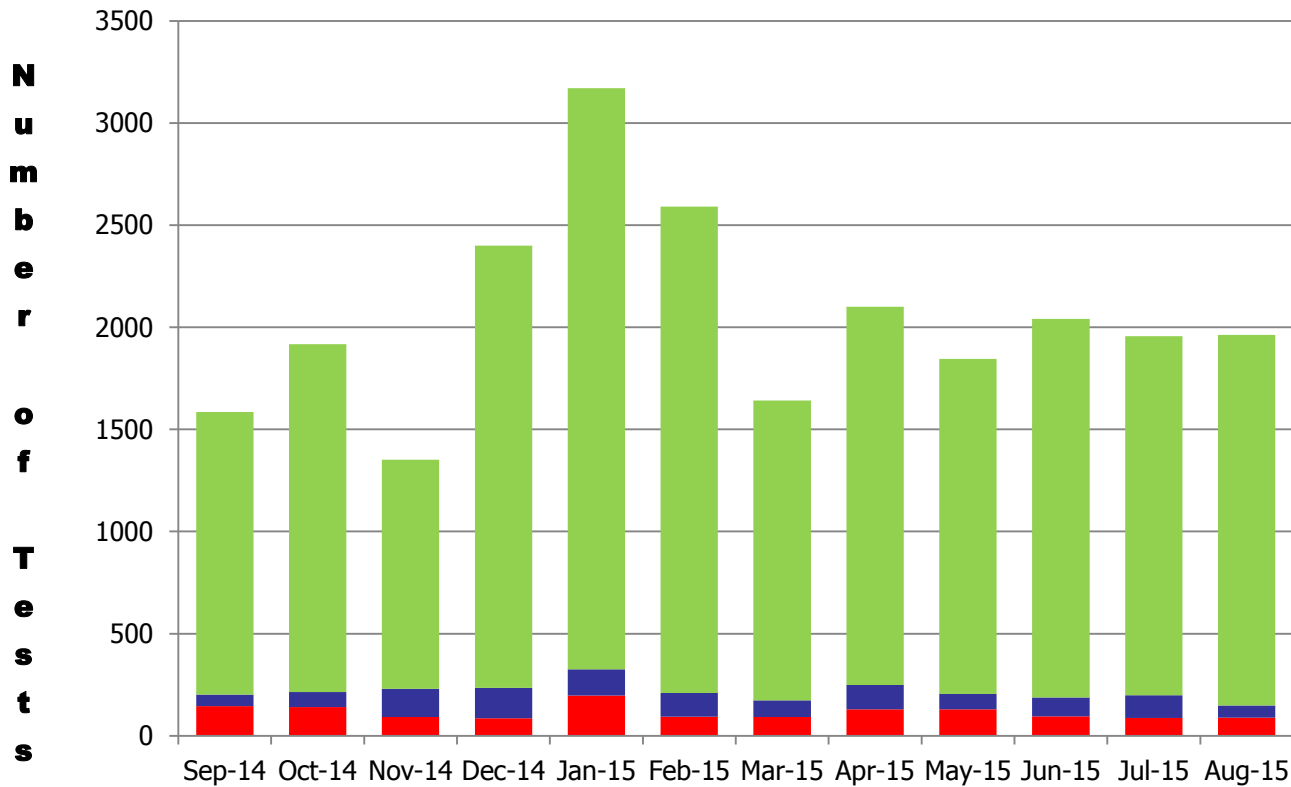
REPORTING PROGRAM

Name of Local Health Department/ DSHS Health Service Region:	Reporting Month:
Contact Person/Title:	Email Address:
Phone Number:	Fax Number:

A. INTERFERON-GRAMMA RELEASE ASSAY (IGRA) TESTING
Provide the information below for testing done by your program using IGRA.

[illegible]

Targeting Testing Results FY 2015



Month	# Persons Screened
Sep-14	1585
Oct-14	1917
Nov-14	1352
Dec-14	2401
Jan-15	3172
Feb-15	2592
Mar-15	1641
Apr-15	2101
May-15	1846
Jun-15	2041
Jul-15	1957
Aug-15	1963
Totals	23656

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
■ Negative	1383	1703	1122	2166	2847	2382	1468	1853	1642	1853	1759	1815
■ # Previous Positive Reactors	57	73	139	150	128	116	82	118	75	93	111	59
■ # New Positive Reactors	145	141	91	85	197	94	91	130	129	95	87	89

Considerations for Targeted Testing Projects

- A decision to test is a decision to treat
 - Necessary medical evaluation and treatment resources need to be identified before testing activities begin
- Screening activities among high risk populations are based the TB risk and the availability of resources
 - Targeted testing programs should be conducted only among groups at high risk, and testing should be discouraged for groups at low risk
 - TB programs decide the frequency of the target testing
 - Collaboration with community health care providers is necessary to access some high high-risk groups when the health department lacks sufficient resources

Interferon-Gamma Release Assays (IGRAs)

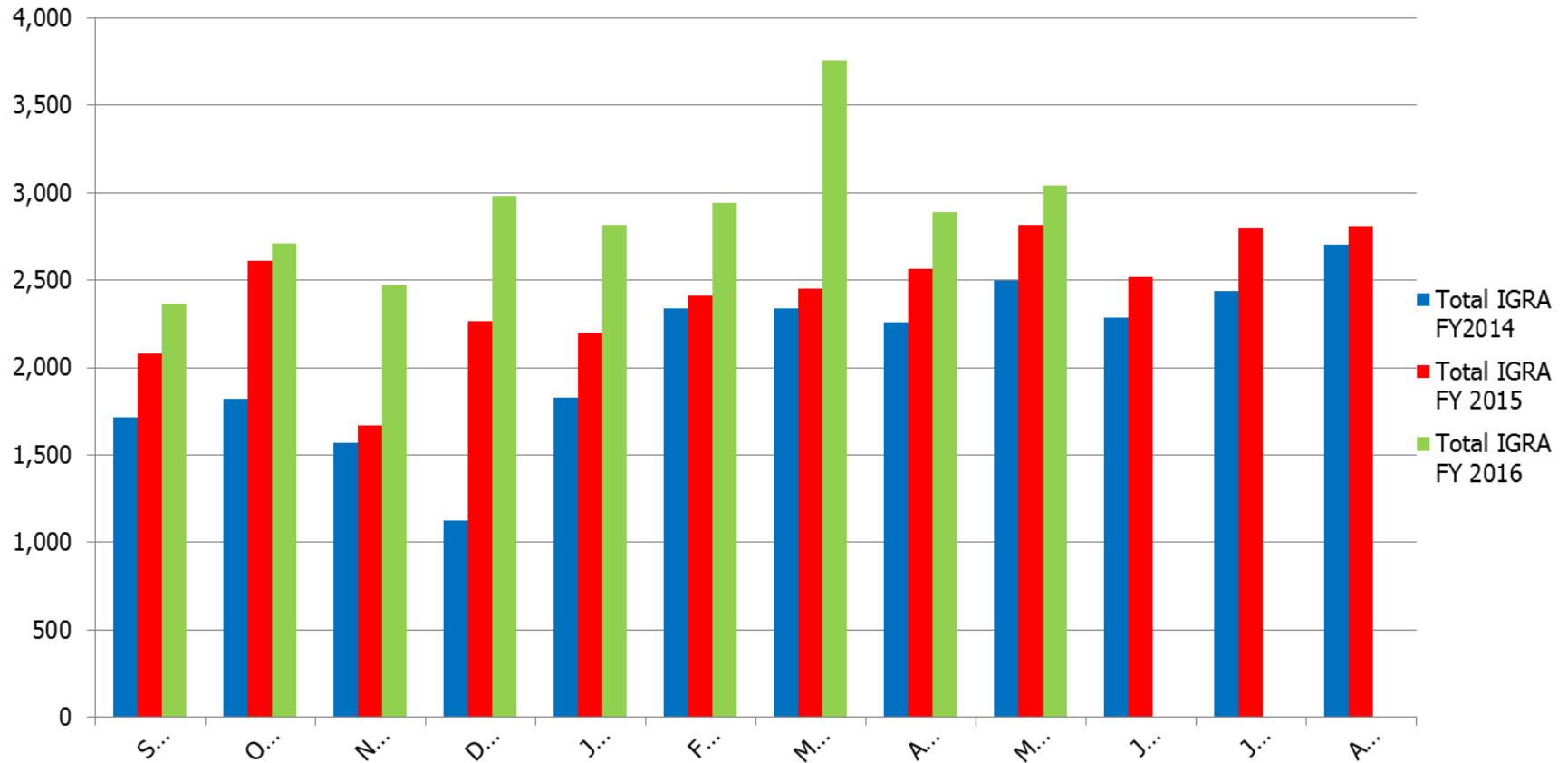
- IGRAs are blood tests for TB infection
 - They do not help to differentiate between TB infection and disease.
- There are two IGRAs that have been approved by the U.S. Food and Drug Administration (FDA)
 - QuantiFERON®-TB Gold In-Tube test (QFT-GIT);
 - T-SPOT® *TB* test (T-Spot)

IGRA Testing in Texas

- IGRA testing is now the standard method to screen for TB infection in Texas
 - 90% of DSHS contracting jurisdictions are using IGRA testing
- State funding is currently available for high-risk populations IGRA testing (except in correctional facilities)
- TST should still be offered to individuals that refuse IGRA testing and children less than 5 years of age

IGRA Implementation Trend

FY 2014 – FY 2015



	Total IGRA FY2014	Total IGRA FY 2015	Total IGRA FY 2016
Total	24,917	29,194	25,973

IGRA Providers

QIAGEN (QFT-GIT)

Evelyn Calhoun, BSN, MS
Clinical Science Consultant
Phone: 855-738-8267

Eve.calhoun@qiagen.com

www.qiagen.com

www.quantiferon.com

Oxford Laboratories (T-Spot)

Clay W. York MBA, MT(ASCP),SBB
Regional Sales Manager, South
Central

Phone: 508.731.2731

Customer Service:

877.598.2522

cyork@tspot.com

www.oxfordimmunotec.com

Phlebotomy Trainings

- Available upon request
 - Target Audience: Employees of health service regions, local health departments and public health partners involved in screening populations at high-risk TB
 - Class size requirement: 7-15 participants
- DSHS provides:
 - Funding
 - Trainer
 - Coordination
 - Continuing Education Credits
 - Testing supplies
- Local co-host provides
 - Training location
 - Announcements
 - Sharps containers and biohazard disposal
- Phlebotomy certification is not offered

Congregate Settings Team

Raiza M. Ruiz

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Raiza.ruiz@dshs.state.tx.us

*Team Lead- Trainings, Policies and
Procedures, THISIS, TB Manual

Johna May

Public Health and Prevention Specialist
512-533-3160

Johna.May@dshs.state.tx.us

*Target Testing & Special Projects
*Jail Plans (Interim)

Vacant

Public Health and Prevention Specialist
512-533-3131

*Institutional Corrections

Daniel Coy

Public Health and Prevention Specialist
512-533-3150

Juan.Coy@dshs.state.tx.us

*Community Corrections &
Corrections Monthly Reports
Shared Position with Program
Evaluations

Erica Mendoza

Public Health and Prevention Specialist
512-533-3134

Erica.Mendoza2@dshs.state.tx.us

*PHIN technical support & IGRA
Reports
Shared position with Finance

[Program email: CongregateSettings@dshs.state.tx.us](mailto:CongregateSettings@dshs.state.tx.us)

Congregate Settings Program Website and Program Email

- Website: texastb.org

Program overview, statistics, reporting, forms, contact information for DSHS and local programs and additional resource links.

- Program email:
CongregateSettings@dshs.state.tx.us



Don't email confidential information.
Please use the PHIN.



Thank you!



References

1. CDC, Self-Study Modules on Tuberculosis. Module 8: Contact Investigation for Tuberculosis, 2014
2. [Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection](#) MMWR 2010, 59 (RR-05)
3. [Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection](#)
MMWR 2000; 49 (No. RR-6)
4. [Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations \(ACET\)](#)
MMWR 1995; 44 (No. RR-11)
5. [Homelessness and TB Toolkit](#), Curry International Tuberculosis Center, 2014